

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035084

1. Entity Name

COMTRON REAL ESTATE HOLDINGS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90131 017 \*\*\*150.00

Principal Place of Business 9300 SOUTH DADELAND BLVD STE 310 MIAMI FL 33156 US	Mailing Address 9300 SOUTH DADELAND BLVD STE 310 MIAMI FL 33156-2718 US
--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9200 South Dadeland Blvd. Suite, Apt. #, etc. STE 420	3. Mailing Address 9200 South Dadeland Blvd. Suite, Apt. #, etc. STE 420
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

City & State Miami, FL	City & State Miami, FL
---------------------------	---------------------------

4. FEI Number 65-0752560	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

Zip 33156	Country USA	Zip 33156	Country USA
--------------	----------------	--------------	----------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent  MUZLOFF, HOWARD W 9300 SOUTH DADELAND BLVD #310 SUITE #701 MIAMI FL 33156
-------------------------------------------------------------------------------------------------------------------------------------------

7. Name and Address of New Registered Agent Name MAZLOFF, HOWARD W. Street Address (P.O. Box Number is Not Acceptable) 9200 South Dadeland Blvd. Suite 420 City Miami, FL Zip Code FL 33156
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARX, ALFRED 9300 SOUTH DADELAND BLVD, SUITE 310 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARX, ALFRED 9200 South Dadeland Blvd., Ste 420 Miami, FL 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ALFRED MARX 04/28/00 305 944 6285  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)